

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/519115**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/		
2		/		
3		/		
4		/		
5		/		
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		2	2	
TOTAL DEP.		3	3	
TOTAL CLAIMS		5	5	

*	IND.	DEP.	IND.	DEP.	IND.	DEP.
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		2	2	2	2	2
TOTAL DEP.		3	3	3	3	3
TOTAL CLAIMS		5	5	5	5	5

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS